THE

BOSTON MEDICAL AND SURGICAL JOURNAL.

VOL. LXXVI. THURSDAY, APRIL 18, 1867. No. 11.

TWO CASES OF AGGRAVATED STRABISMUS OF TWENTY-FIVE YEARS' STANDING. RELIEVED BY OPERATION.

[Read before the Boston Society for Medical Improvement, March 25th, 1867, and communicated for the Boston Medical and Surgical Journal.]

By HASKET DERBY, M.D.

I PRESENT herewith the notes of two cases of strabismus—one divergent, the other convergent—each having endured twenty-five years, and each entirely relieved by operative interference. Before recounting each case and exhibiting photographs of the patients, I desire to make a brief statement of the advantages of the present method of operating over that practised by Dieffenbach, and still more or less employed in America.

The old operation was performed in the following manner. Supposing tenotomy of the internal rectus to be intended, the conjunctiva and subconjunctival tissue were raised by the forceps at a point midday between the cornea and the caruncle, and there divided. The blunt hook was then passed into the wound, carried behind the muscle, and the latter cut across. Sometimes the edges of the conjunctival wound were subsequently approximated by sutures. It will be seen that the muscle thus operated on was divided into two parts—an anterior stump of appreciable length and a posterior portion.

The frequent instances of insufficiency of the muscle operated on, as well as of deviation in the opposite direction, which for a time caused the operative treatment of strabismus to fall into an undeserved disrepute, have given rise to a series of experiments on animals and observations on human beings, from which the following important facts have been ascertained.

The muscle thus divided does not, in the majority of cases, directly unite either with its severed anterior portion or with the sclerotic. New fibres are indeed thrown out, which establish a connection between the posterior part of the muscle and the sclerotic, either at or behind its original insertion; sometimes, indeed, the posterior and anterior parts are again brought into connection by this supplementary growth. The power of the muscle, however, thus re-united, either directly

with the eyeball or with its anterior insertion, is precarious and uncertain. The effect of such an operation cannot be accurately estimated, and insufficiency in the original direction or preponderance of the antagonist muscle often results. The leaving behind an anterior tendinous stump does but result in unnecessarily shortening the muscle, insufficiency of which was in the outset to be feared.

The view at present entertained is, therefore, that it is a mistake to reckon with certainty on any useful union of the posterior portion of the muscle with its original anterior insertion or with its anterior portion. The operation for strabismus should consist in setting back the insertion of the muscle itself, and thus causing it to act, with unimpaired powers it is true, but at a mechanical disadvantage. Its length remains the same; its point of attachment is simply removed to a greater distance from the anterior surface of the globe.

The operation is simple, and may be performed with great facility. The conjunctiva is raised with forceps, as near as possible to the cornea, and a fold of it is divided just below a line continuous with the insertion of the muscle, and to an extent sufficient to admit the blades of a pair of curved scissors of moderate size. Through this opening the conjunctiva is separated from the subjacent tissue and capsule of Tenon, over the course of the muscle to be divided, for a distance varying according to the effect desired to be produced. A blunt hook is then introduced, passed under the tendon of the muscle, and the latter separated from its insertion by repeated and slight strokes of the scissors. Unless an extreme effect is to be produced, the edges of the conjunctival wound may subsequently be united by a fine suture.

I have thus briefly explained and described the present operation for strabismus, according to the views of Professor von Graefe, and partly in his own words. From a very large number of cases successfully treated on this principle, I have selected two in which unusual difficulties were encountered, but where a rare amount of perseverance on the part of the patients was met with a corresponding measure of success. These cases, moreover, illustrate the well-known impossibility of reckoning the precise effect of repeated tenotomies on the same eye. The cicatricial bands of union between the several parts involved, that form after the first operation, are always more or less extensive, and unless severally carefully divided—a matter of extreme difficulty—diminish and sometimes annul the effect of subsequent operative interference.

Case I.—April 21st, 1865. Mr. C., aged 35, at the age of 10 received some sort of a blow on the right eye. This was followed by inflammation and diplopia. On the subsidence of the former, the right eye was observed to deviate outwards, and has done so ever since. At the end of six or seven years, the diplopia was no longer perceptible.

The right eye diverged nearly 4‴. No traces of any injury to it

were to be found. Power of internal rectus very good. Vision $\frac{2}{3}$. No myopia. Vision of left, $\frac{1}{2}$. On covering the left eye, was able to read with the right fifteen minutes without fatigue.

April 26th.—Carefully and thoroughly divided each rectus externus.

May 2d.—A divergence of $2\frac{1}{2}'''$ now remained. Double vision was occasionally experienced.

10th.—Again divided each externus. The next day the divergence amounted to only $1'''$. Double images well marked and close together.

24th.—The effect of the last operation appeared altogether lost. Divergence still $2\frac{1}{2}'''$. At the distance of twelve feet, the two images of a flame were seen twenty-one inches apart.

On May 30th, I again divided the right externus, and then, dividing the internus, brought it forward and gave it an insertion at least $1\frac{1}{2}'''$ in advance of its former one. The dissection showed this muscle to be unusually small and pale.

October 13th of the same year I saw the patient again. The effect of the last operation had not been as great as had been hoped for, the right eye still diverging $1\frac{1}{2}'''$, and the double images of a flame twelve feet off being fifteen inches apart. The attenuated condition of the rectus internus gave but little reason to suppose that again advancing its insertion would give it a material preponderance over its antagonist. I determined, therefore, to make one more attempt to carry back the point of attachment of the latter. The right externus was accordingly for the fourth time divided, Oct. 25th, and—a thread having been passed through the conjunctiva at the inner edge of the cornea—the eye was drawn inwards till the cornea nearly touched the caruncle, and left in this position twenty-four hours, at the end of which time the thread was removed.

Nov. 25th.—Marked improvement had taken place. The right eye now diverged only $\frac{3}{4}'''$. Double vision was constant, and very annoying. I now did an operation similar to the last on the left eye, dividing the externus, and securing the eye in the opposite direction for twenty-four hours.

Dec. 9th.—Eyes were perfectly straight, motions good, diplopia absent except when patient looked very far to the left. He had common vision, and within a day or two had, for the first time in his life, got the effect of solidity with the stereoscope. There was no subsequent falling off.

Case II.—Mr. W., aged 25, over six feet in height, and of general proportionate development, has a convergence of the left eye amounting to $5\frac{1}{2}'''$. Owing to the remarkable size and large features of the patient, the impression produced by this deformity is particularly striking. The left eye, moreover, deviates $\frac{1}{2}'''$ upwards. Each eye is hypermetropic $\frac{1}{36}$. Vision of right eye is normal (1); of left, $\frac{1}{5}$.

Jan. 11th, 1867.—Each rectus internus was carefully divided hrough a free conjunctival wound, the edges of which were not

brought together. Glasses of $\frac{1}{36}$ were ordered to be habitually worn.

12th.—The convergence amounted to only $1\frac{1}{2}'''$. By Jan. 26th, however, the effect of the operation had become so far modified that there was still a convergence of $4'''$. Each internus was again divided.

Feb. 10th.—A convergence of $3'''$ remained. The left internus was now for the third time divided, and the eye brought round and secured in the usual manner, so that the outer edge of the cornea nearly touched the outer commissure, and left in this position twenty-four hours.

19th.—The convergence amounted to only $1'''$.

23d.—The eye was fast exhibiting a tendency to relapse into its former position. When looking at distant objects, the left eye converged $2'''$; when looking at near objects, $3'''$.

26th.—The slight result of the last operation decided me to now adopt a different plan. I accordingly for the fourth time divided the left internus, then laid bare the insertion of the externus, separated it from the globe and brought it well forward, attaching the cut edge of the muscle to the narrow portion of the conjunctiva I had allowed to remain at the outer edge of the cornea by a strong thread, which I removed two days later.

March 16th.—No convergence could be made apparent. The left eye continued to deviate slightly upwards, and exhibited a slight insufficiency inwards. Common vision did not exist, but the cosmetic effect was all that could be desired.

Liebreich has recently proposed* to avoid the necessity for subsequent operations by adding to the effect of the first. With this end in view, he not only separates the conjunctiva from the capsule of Tenon in the vicinity of the insertion of the muscle to be divided, but continues his preliminary dissection backwards as far as the plica semilunaris, and carefully prepares this, as well as the caruncle, from the adjacent parts. (This description, of course, alludes to an operation on the rectus internus.) He divides the insertion of the muscle in the usual manner, widens then perpendicularly the wound made in the capsule, and approximates the cut edges of the conjunctiva by a suture.

He claims that this operation gives an increased effect, the amount of which may be more readily estimated, that the sinking of the caruncle is avoided, and that more than one operation on the same eye is seldom if ever necessary.

He observes *(loc. cit.)* that he has been able in great measure to overcome the prejudice against the operation for strabismus, which he found to exist in Paris at the time of his settlement there; so frequently is he enabled by this method to correct deviations of $3'''$ in adults or $4'''$ in children by a single operation, and without changing the position of the caruncle.

* A. f. O. Bd. xii. 2, pp. 298–307.

CONTRIBUTIONS TO DERMATOLOGY.

(Continued from page 196.)

Treatment of Eczema in Infants and Young Children.

When a physician is called to prescribe for a young child that is suffering from an attack of eczema, he is conscious that so far as relates to constitutional measures but little can be done. Yet that little may be of much importance to the future welfare of the child; and it requires the exercise of the highest medical talent to know just what to do, and what not to do. The disease is apparently purely local, but in reality it is not so. The blood, the nerves and their functions are more or less implicated. The pulmonary apparatus and the intestinal canal may also be in an abnormal state; and although our chief reliance must be in the employment of topical remedies, it is the part of sound discretion to combine with it some general course of treatment as auxiliary. This course should be equally distant from all extremes of practice. In the first place, we should ascertain what is the exact condition of the child; whether the eruption is a sequel of any antecedent malady—as, for instance, scabies, as is sometimes the case; whether it is the result of some existing derangement of the stomach or bowels, or is connected with difficult dentition. If none of these things have induced the complaint, it should probably be considered as hereditary. If the child is robust and hearty, it will be advisable to prescribe an aperient every ten or twelve days, with a view to prevent all danger of transferring the eruption—or, to speak more logically, for the purpose of preventing any vicarious action of the internal organs, while at the same time it will tend to give relief to the morbid condition of the skin. The kind of laxative best suited to the case will be a small quantity of fluid magnesia, or some thirty or forty drops of castor oil in as much lemon syrup, or simple syrup, in the early part of the day. In a child from six to twelve months old, one grain of calomel, with as much refined sugar, may be dropped upon the tongue. By thus producing a little extra activity of the alimentary canal occasionally, we avoid all danger in our attempts to suppress the cutaneous discharge by the cautious employment of suitable astringent applications, even if the eruption has existed a long time and yields an abundant secretion. The effect of the laxative upon the general condition of the child should be carefully observed, and the frequency of its repetition and the period of its continuance be regulated accordingly. It should be borne in mind that eczema, in all its stages and varieties, is an inflammatory affection, and the slight depletion produced by the internal medicines above suggested is a sanitary measure which ought always to be employed for children of a full, gross habit. As regards the mercurial, we know with what remarkable ability they tolerate it, especially if they are endowed with a lymphatic temperament, and we find that children of this tempera-

ment are more subject to eczema than others. They seem to possess a more delicate skin. We apply the terms lymphatic temperament, lymphatic constitution, lymphatic predominance, to children who are uncommonly fat and pale, and who, with softness and puffiness of the muscular tissue, together with atony of the general organism, yet exhibit fair health and grow rapidly. We are aware that the word temperament, as applied to young subjects, is less definite and less marked than when we apply it to the adult; and yet we find that the best writers speak of the scrofulous, nervous, and other temperaments of children—and, in our daily professional intercourse, we do the same thing. But, at best, the language is somewhat vague.

In addition to the occasional use of an aperient, it will be good practice to administer to the child the syrup of the iodide of iron. This will be especially called for, if the eczematous fluid continues to flow with unusual obstinacy, and the lymphatic glands are in a hypertrophied condition. The iron will give tone to the system in the most gentle manner, and without disturbing the stomach. The minimum dose to an infant of six to twelve months should be five minims thrice daily. It sometimes proves laxative, but when it does not operate on the bowels it augments the quantity of urine. Its effects should be carefully noted, and the daily quantity gradually increased to twenty-five or thirty minims, unless some circumstance should contra-indicate it. For a child from two to four years old, the usual dose may be from ten to fifteen minims three times a day. If severe pruritus should continue, and render the child feverish and fretful, a moderate looseness of the bowels, occasioned by the iron, will contribute to its relief.

The above pharmaceutical remedies are about all that can be addressed to the constitution, in the earlier period of the eruption, when it breaks out on a strong, robust child; but if it should be feeble, anæmic, and badly nourished, it would be injudicious to resort to the use of mercury, unless the bowels are much constipated, or the pulmonary organs are in a state of congestion. Under such circumstances, it may be given without hesitation.

At a later period, when the eruption is assuming a chronic form, the question as to the expediency of resorting to some medicinal agent well known for its special therapeutic action on the diseased cutaneous membrane, naturally suggests itself to the medical attendant. We refer here to arsenic. Shall it be given to a young child? We are not ignorant of the dread which the name of this drug often inspires in the mind of a doting mother, for we have often been witness of the fact. We have, nevertheless, in most instances where we have deemed its administration important, succeeded in gaining free consent for its use; and we have often prescribed it for young children not only with impunity, but with marked benefit. But the younger the child, the less its utility and the greater the danger. The conditions under which any form of arsenic should be administered

may be summed up substantially thus. The patient should not be under one year old. There should be no functional disturbance of any of the internal organs, no inflammatory condition of the gastro-intestinal or pulmonary mucous membrane; the tongue clean, the digestion normal; no diarrhœa, no scrofulous diathesis apparent; little or no serous exudation from the eruption, but a scaly condition approximating that of pityriasis or psoriasis. Under these circumstances, there can be no rational objection to the employment of arsenic, with a fair prospect that its curative effect will be displayed in a satisfactory manner, and the above are the limits within which its employment in any form or combination should be restricted.

If arsenic is prescribed for young children in combination with a small quantity of iodide of potassium, which will act slightly as a diuretic, any unpleasant effects will be less likely to occur; while at the same time its peculiar action on the skin will be heightened rather than lessened. The subjoined formula will be convenient. ℞. Liquoris potassæ arsenitis, ♏ xxxij.; potassii iodidi, ʒ i.; syrupi tolutani, ʒ i.; aquæ fontanæ, ʒ iij. M. Dose.—For a child from one year to two years old, a teaspoonful every morning and evening. For a child from two to four years old, one teaspoonful three times a day. For a child from four to eight, two teaspoonfuls morning and night. For a child from eight to twelve years old, two teaspoonfuls three times a day; to be continued for each patient from three to four weeks. Strict instructions should always be given to the nurse to watch the child, and if any symptoms of illness appear which can possibly be attributed to the arsenic, then have it omitted for a few days, or have it given every other day only. But it is well known that young children bear the presence of this medicine remarkably well; and we consider it scarcely possible that any evil can result from the cautious method above directed for its use. Wilson prescribes Fowler's solution in doses of two minims to an infant from a month to a year old, repeated three times a day immediately with the meals. He combines it with the wine of iron and syrup of tolu.

The bichloride of mercury has long been used as a remedy for eczema in the London Hospital for Diseases of the Skin. For infants and young children it is much safer than arsenic, and it has proved efficacious in many obstinate cases of this complaint, as well as in other eruptions of a chronic type. The following is a convenient mode of prescribing it. ℞. Hydrargyri bichloridi, gr. i.; syrupi tolutani, ʒ ij.; Aquæ fontanæ, ʒ vi. M. The dose is one teaspoonful each morning to a child from six months to two years old. For a child from two to five years old, the dose may be repeated morning and evening. And where we have any hesitation in regard to the use of arsenic, we can with a good prospect of beneficial results prescribe the bichloride, which may be continued for many months, with only occasional intermissions.

The importance of a suitable diet should not be overlooked. Milk is the proper food under all circumstances, for an infant less than twelve months old. If it cannot live and prosper with that, it must die; and the physician should not fail to ascertain beyond all doubt if the nurse has a full supply of that which is good. The microscope, if at hand, will readily determine its richness, by bringing to view the relative number of nutritive globules, and if there is any deficiency in this particular or any other, then the child should be supplied from a different quarter.

The question is not unfrequently propounded to the physician, can the nourishment derived from a mother who has eczema do injury to her child, who has the same eruption also? In these circumstances, it is wholly presumable that the unfortunate child received its peculiar diathesis from the mother before it was born. Nevertheless, if she continues to supply her offspring with nourishment, the source of original injury to the child is perpetuated, although the mode of communication is changed. Before its birth, the blood was the immediate vehicle that conveyed the morbific element into the organism of the offspring; after birth, the milk, which is eliminated from the blood, is the medium of transmission of the same morbific principle; and in our efforts to relieve or cure the child, we are contending not only with the disease itself, but with a constant repetition of the cause that produced it. Perhaps these views may seem pregnant with the humoral pathology. Be it so; and now let it be asked, would a medical attendant be justified in recommending to a family that a wet nurse known to be full of eczema should have the care of a child and supply it with nourishment from her breast? Although we cannot demonstrate, as we can a problem in mathematics, that milk derived from the source here supposed would do injury to a child, probably no intelligent physician would feel disposed to endorse a wet nurse whose skin was occupied with the eruption in question. Whatever may be our views theoretically, the practice of us all is doubtless the same.

In reference to the diet of those who are afflicted with eczema, but little need be said, for but little can be accomplished in virtue of any prohibitions that may be imposed; accordingly, in addition to the suggestions given above with regard to the nourishment suitable for infants, but a few words need be offered on the general subject. Plain, simple, nutritious food—a fair mixture of animal and vegetable substances, such as constitutes the usual dietary of families that are well to do, is appropriate for the class suffering from the disease in question, or from any other form of cutaneous affection, except the eruptive fevers; and any marked deviation from such a course of living, continued for any length of time, will be fraught with danger, for it will impair the general health. There is no one article of food so comprehensive and so valuable for all persons that are af-

flicted with eczema as good milk. It is generally conceded by dermatologists that pork and shell fish should be interdicted.

To keep the child perfectly clean, and to have it surrounded by a pure atmosphere, are two cardinal virtues during the entire treatment.

[To be continued.]

THE PATHOLOGICAL PHYSIOLOGY OF THE BRAIN IN CHOLERA.

[Continued from page 203.]

THE autopsy in these cases gave us little anatomical reason for these complications. The appearances observed had so many points in common, that we have united them in one description. The membranes were thin, transparent, and of normal consistency; the cerebro-spinal fluid, perhaps less abundant than usual, had not lost its transparency or its yellowish hue; the surface of the brain was rather dry and somewhat sticky; no subarachnoid effusion; no change in the consistence of the brain. There was some modification in the vascularity of the organ. The great vessels of the surface were full, without being engorged; here and there on the convolutions, was a network of extremely fine vessels, forming small red spots, under which the superficial layer of gray matter had a rose color, and was of rather less firm consistence, when exposed to a stream of water. There was perfect integrity of all parts of the ventricles, but the surface of all sections of the brain appeared as if punctuated, or sanded with red sand. No trace of meningitis at the base of brain or superior part of spinal cord.

In one only of these cases did we find the undoubted characters of meningitis; the membranes, in this case, were so thick as to allow of peeling the brain over large surfaces; they were less transparent and of a pearly tint in some places. Here and there in the course of the vessels, and particularly towards the fissures of Sylvius, fibrinous tracts were observed, which could be detached with the membranes.

In the three other cases, the lesions were so indistinct that the symptoms seemed to have occurred without cause, or at least to have been due to a kind of *dry* meningitis, with diminution of the cerebro-spinal fluid, producing slight dryness, and a sticky condition of the membranes. Perhaps we may consider it as the first stage of a meningitis, surprised by death before its full development. We may suppose the meningitic condition bears the same relation to meningitis proper that the typhoid state does to typhoid fever; that is to say, an expression of symptoms without fixed and determinate lesions.

Failing to explain the cerebral accidents of the period of reaction on the theory of meningitis, we may consider them due to dis-

turbance of the circulation and of the cerebral innervation. Just as we have seen perception and the spontaneous movements of thought lose their vivacity, as the pulse became weaker and the collapse progressed, so we have seen the mind excited in proportion to the re-establishment of the circulation. This action of the liquid blood upon the nervous substance is entirely physiological, and is a necessary condition of cerebral activity.

But, aside from other causes, it is necessary in these cases to suppose a predisposition peculiar to the individual himself. Whenever we see cerebral complications supervene, in the course of pneumonia, erysipelas, or rheumatism, we are apt to refer them, alcohol being excluded, to organic tendency, and this should also be taken into the account in the cases under consideration.

There were two other cases of interest—one of spasm of the extremities and one of impulsive suicidal delirium. What was remarkable, too, was the fact that such aggravated complications were not in proportion to the cholera symptoms. The epidemic influence had been so slight that we had classed them as cases of *light* cholera. The first—Fourchet—ten days after the beginning of the diarrhœa, went into the garden, bathed, imprudently, in cold water, and was seized with tetanus; he nevertheless recovered, and a critical swelling of the parotids marked the close of the disease. The second—Guedon—presented such unexpected symptoms that we shall report the case in detail. He was 21 years old, a laborer, entered the hospital with light attack of cholera; his constitution was robust, he had never been sick, and was given to no excesses. During convalescence he was seized, without apparent cause, on November 7th, with very marked contraction of the flexors of the fingers and great toes, with slight trismus, and retention of the urine, apparently from spasm of the vesical sphincter. For a few days he had intense fever, and the retention of urine persisted, though the tetanus sensibly diminished. The mind was clear.

On the nights of the 11th and 12th he had some delirium. On the morning of the 12th his appearance was somewhat strange; in the evening, he was very restless, with violent fever and a flushed face; he complained of severe, lancinating pains in all his limbs, in the chest, and especially in the lumbar region, with some formication of the hands and feet. The cerebral functions were still perfect.

On the 13th, the same. We feared a spinal meningitis, and prescribed twenty cups to the spine, and a full dose of opium. After the cups, which he bore patiently, he seemed relieved, but suddenly, in an access of delirium, he seized his lead urinal, and gave himself repeated blows on the forehead with great fury. The patients in his vicinity seized him, whereupon he struggled violently, saying he wished to kill himself. A quarter of an hour after this suicidal attempt, he became calm, and his mental disturbance left him as suddenly as it came. He had no recollection of what had passed, and was astonished at the recital of his insane act. On his forehead were six

transverse wounds, laying bare the bone. The next day erysipelas appeared at the base of the nose. It extended rapidly, coma followed, and the man died.

The autopsy showed no trace of meningitis in the brain or spinal cord, not even the rose-colored net-work we have previously described. The whole cerebro-spinal axis had preserved its color and consistence. We found only the punctuated or sanded appearance of the cerebral substance; and this lesion, which we have so often noticed in cases of acute febrile delirium of the insane, explains to some extent the blind impulse which seized this patient. It was no less than an accession of maniacal frenzy, which might have taken the form of homicidal impulse. There was something distinct from and beyond the convulsive attack, but which bore similar relations to the brain that the tetanic symptoms did to the spinal cord.

In this case it became interesting to know, whether any predisposition, hereditary or acquired, had prepared this explosion. The epileptic has his attacks of frenzy; in delirium tremens, the patient often seeks relief in suicide. Guedon was subject to none of these influences; neither insanity nor epilepsy existed in his family, and he was not himself given to excesses. We have, then, an isolated act, evidently dependent on a cerebral condition, not strictly belonging to cholera, but which was a remote effect of its disturbing influence.

To conclude, the numerous observations we have made have inclined us more and more to the idea that cholera is due to a poison, which first affects the system, of the great sympathetic, and plays its first part in the phenomena of collapse; and the study of the reaction has shown us that the cerebro-spinal system, which escapes accident during the first stage, may be compromised in its turn in the second, and give rise to the severest complications.

Reports of Medical Societies.

EXTRACTS FROM THE RECORDS OF THE PROVIDENCE MEDICAL ASSOCIATION. BY W. H. TRAVER, M.D., SECRETARY.

Teeth swallowed; a safe Passage.—Dr. McGregor reported the case. The patient, a female, awoke in the night with a sense of suffocation, produced by a vulcanized rubber plate, two and a half inches in length, one and a half inches wide, with four incisor teeth attached, which had lodged in the œsophagus. While struggling to relieve herself, the plate passed into the stomach. On the following day she experienced great pain in the epigastric region, accompanied by spasms, which continued from time to time until the plate passed per anum. The pain and spasms were relieved by sweet oil, McMunn's elixir of opium and the inhalation of chloroform. She was kept partially under the influence of the latter for twelve days, the time occupied in the passage of the plate.

Cancerous Tumor in the Abdomen; Death.—Dr. GROSVENOR reported the case and exhibited the tumor.

The patient was an American, by occupation a laborer. He had been ill for nearly three years, most of the time with orchitis and chronic dysentery, the latter continuing up to the time of his death. About four and a half months previous to his death, the diseased testicle was removed; the disease proved to be cancerous. He died March 24th.

Autopsy, twenty-four hours after death. Body greatly emaciated. Rigor mortis well established. A tumor was found in the umbilical region, extending, on either side of the umbilicus, as high as the upper border of the kidney, as low as the sacrum, and firmly adherent to the spine. The tumor involved a portion of the aorta and left kidney, which was enlarged. The tumor proved to be cancerous. The small intestines were not involved, but pushed over to the left inguinal region. The large intestines were healthy, with the exception of the rectum, the mucous membrane of which was ulcerated. The liver contained two abscesses, each about one and a half inch in diameter. The spleen also contained a small abscess. The tissues of the upper lobes of both lungs were broken down and disorganized by tubercular disease Heart flabby. Stomach healthy.

Placenta retained seven Months after Miscarriage.—Dr. COLLINS reported the case.

The patient became pregnant in February. The following April she was attacked with flowing and other symptoms of miscarriage, which continued for some time. Abdomen large: general health good. The hæmorrhage subsided, and the patient went out. Two months passed without any perceptible increase in the size of the abdomen. At her menstrual periods she had some hæmorrhage, and on one occasion a small piece of membrane passed away. Dr. Collins thought she had probably miscarried, and that this was a part of the membrane which remained. In August the catamenia appeared. Subsequently, she was attacked with flowing, attended with pain, causing the expulsion of a placenta, with a short piece of cord attached. The placenta had remained in the womb seven months.

Tubercular Meningitis; Death.—Dr. ELY reported the case.

The patient, a female, aged 26 years, when first seen by him, had a dry cough, short breath, and was much emaciated; pulse 120. No physical signs of phthisis could be detected. Dr. Ely prescribed tonics, generous diet, &c. The cough ceased after the expiration of six weeks. Pulse 84. The patient next complained of pain in the chest, with leucorrhœa and scrofulous enlargement of the glands of the neck. The tenderness of the spine, which was also present, subsided after the employment of counter-irritants. The cough returned, but subsequently disappeared. She went to Bristol, and while there had symptoms of mental derangement. She became nervous, irritable, sleep was disturbed, respiration frequent, pulse accelerated. Before death, the symptoms of insanity had become more apparent. Tongue brown and dry; pulse 120. There was no vomiting, vertigo, or coma, and but little if any dilatation of the pupils. The day previous to her death she had strabismus of the left eye, which appeared to be the only evidence of disease of the brain.

Autopsy.—Body somewhat emaciated. Rigor mortis well marked.

The lungs contained numerous small tubercles. Liver comparatively healthy. Kidneys granular. Uterus small. The brain contained tuberculous deposit. The arachnoid was more or less covered with the same tuberculous matter. The ventricles contained some four ounces of serum. Stomach healthy. Heart normal.

Bibliographical Notices.

Two Cases of Œsophagotomy for the removal of Foreign Bodies; with a History of the Operation. By David W. Cheever, M.D., Assistant Professor of Anatomy in Harvard University; Surgeon of the City Hospital; Surgeon to the Boston Dispensary; Recording Secretary of the Massachusetts Medical Society. Boston: David Clapp and Son. 8vo. Pamphlet, pp. 46. 1867.

The extreme rareness of the operation of œsophagotomy makes the pamphlet before us one of unusual interest. The simple fact that it is so rare suggests at once the critical inquiry as to the necessity of doing it in the cases reported by its author, or in any case. People are getting bones, pieces of money or other hard substances stuck in the œsophagus every day, but they either go down eventually, or they are got up "by hook or by crook," and the inconvenience is soon forgotten. Seldom do we see or look for any serious result from such an accident, cases of obstruction of the glottis clearly not coming within this category. It rests then with the surgeon who undertakes the difficult and dangerous operation of œsophagotomy to make out the case of necessity beyond the possibility of question.

And certainly, so far as the urgency of the symptoms goes in the cases reported by Dr. Cheever, there cannot be a moment's hesitation in admitting the full justification of the operation in both of them. The first was that of a man, in whom the foreign body, a sharp-edged rough piece of the fin-bone of a fish, had penetrated the gullet opposite the cricoid cartilage more than three days previously, and had resisted all attempts at removal. The suffering had become excessively urgent, preventing sleep and the swallowing of anything but water, and accompanied by rigors, fever and violent threatening of the formation of abcess. The second, which, by a coincidence often occurring in surgical experience, followed the first by an interval of a few days only, was the case of a pin an inch and a quarter long, both ends of which were imbedded in the gullet beneath the sternum, where it had been for three days. The urgency of the case was as great as in the first instance, and furnished the same justification for the operation. We cannot follow the details of these cases, which were both crowned with success, but must content ourselves with copying the following account of the different steps of this difficult operation.

"In reviewing the steps of an operation to reach the œsophagus by external incision, it appears, first of all, that this incision cannot well exceed three, to three and a half inches in length. This is about the distance, in average necks, from the top of the thyroid cartilage to the sternum. If we cut above the thyroid cartilage we endanger the hypoglossal nerve and lingual artery, in a deep dissection; and, more important, the *superior laryngeal nerve*. The latter crosses

the space between the hyoid bone and top of the thyroid cartilage to enter the larynx, and its section would destroy the sensibility of one vocal cord, and one half of the glottis. Through a comparatively short incision, therefore, we are obliged to make a very deep dissection, down to the prevertebral muscles, and to draw various important structures out of harm's way as we proceed. First, the carotid sheath, containing the artery, vein and pneumogastric nerve, which approximate closer and closer towards the œsophagus as we descend the neck. Above and below are the superior and inferior thyroid arteries. On the inside, the thyroid gland. Below the finger, the sympathetic nerve. And, finally, running between the œsophagus and trachea, to the back of the larynx, the inferior, or recurrent laryngeal nerve, the motor nerve of the larynx, whose section would paralyze one half of the glottis; and the partial division of some filaments of which, in one case of œsophagotomy, led to a permanent alteration of the voice. This nerve, lying upon the front of the œsophagus principally, is to be avoided by opening the gullet towards its *posterior* part. The œsophagus is easier found also on the *left* side of the neck, as it naturally inclines to that side. And the rule has been laid down that œsophagotomy should be done on the left side as the place of election, unless we are sure of cutting down on the foreign body on the *right* side. The deeper dissection being carried on chiefly with the director, it is possible to reach the œsophagus not only *without injuring any nerves*, except the unimportant superficial branches of the anterior cervical plexus, but also, as we shall show in the second case, *without tying a vessel*."

Dr. Cheever completes his monograph by a complete history of the operation of œsophagotomy from the earliest times, with a resumé of all the cases which he could find in the annals of surgery; summing up with a discussion of the comparative dangers of the expectant and active treatment in such cases. A table at the end gives a synopsis of the whole, only seventeen in all, including his; of which all but two resulted in recovery. A table of bibliography completes the monograph, which may be said as a whole to be a perfect model in its way.

The Science and Practice of Medicine. By William Aitken, M.D., Professor of Pathology in the Army Medical School, &c. In two volumes. Vol. II. From the Fourth London Edition, by Meredith Clymer, M.D. Philadelphia: Lindsay & Blakiston. Pp. 1114. 1866.

The second volume of this important work, with many valuable additions by the American Editor, has appeared, and fully confirms the favorable opinion we expressed with regard to the first half, published a few months since.

THE BOSTON MEDICAL AND SURGICAL JOURNAL.

BOSTON: THURSDAY, APRIL 18, 1867.

SOME RECENT IMPROVEMENTS IN MEDICAL SCIENCE.

We think an occasional glance at the progress of medical and surgical science not unprofitable. It tends to encourage the practitioner and reawaken his interest in his profession, to say nothing of the stimulus it gives in the field of discovery and improvement. Acting upon this thought, we propose now to refer to

some of the most prominent points in which advances have been made in the art to which we are devoted.

First and foremost stands Ophthalmology, as that branch of medicine which has made the most rapid strides within the last few years. To get a hint of them, we need only to be told of the great work of Donders, filled with abstruse mathematical calculations upon the subjects of accommodation and refraction alone. A full appreciation of these improvements is afforded by the Prize Essay of Dr. H. W. Williams, of this city, on "Recent Advances in Ophthalmic Science," a book which we took up merely to look over, but did not lay aside till we had read it through at a single session. This latter treatise begins with the brilliant invention of the ophthalmoscope and its uses in opening to inspection the inner chambers of the eye, even to the retina. A table of contents, occupying five pages, gives the list of ocular lesions which have been the subject of late investigation and elucidation, and of the remedial measures for them which have been latterly invented or improved upon. Prominent in interest to ourselves, is the application of the Calabar bean to antagonize dilatation of the iris; paracentesis of the cornea as a relief for internal inflammation; iridectomy to abate the evils of glaucoma. Among the diseases of the eye originating in morbid conditions of the system, we are particularly struck with the fact that we can by the ophthalmoscope alone diagnosticate Bright's disease, in which that instrument shows us a slightly grayish opacity in the optic nerve and over the retinal surface, with sometimes small spots of extravasated blood here and there, &c.; the morbid appearances *post mortem* indicating that the retina has become thickened and indurated by fatty and other deposits; and a more advanced stage occasionally manifesting atrophy. We have also inflammation of the cornea, formerly regarded as the result of strumous diathesis, now shown to be a consequence of syphilitic taint, and often attended with peculiar deformities of the teeth, such as a crescentic notching of the central incisors of the second dentition. Again, it has been ascertained that presbyopia, formerly supposed to be the opposite condition to myopia, is in reality "occasioned by an increase of hardness in the crystalline lens, so that its form can no longer be readily changed and its convexity increased by action of the ciliary muscle." Myopia, also once believed to be owing to too great convexity of the cornea or of the crystalline, &c., is proved to be result of an elongation of the antero-posteror diameter of the eyeball, measurements by Professor Donders and others showing "a length of from one and one fifth to one and two fifths inches in some myopic eyes; whilst in others, in which hypermetropia, the opposite refractive condition existed, had an antero-posterior diameter of less than four fifths of an inch."

But, we should hardly do justice to Dr. Williams's essay were we to give an analysis of the whole of it. We cannot, however, omit an allusion to another disorder of the eye most lucidly explained in its pages, and previously described at length in this JOURNAL by other eminent oculists of this city—we mean astigmatism—a disorder of the sight resulting from "a want of symmetry in the curvature of the cornea, in consequence of which its refractive power is unequal in different meridians." We cannot too much admire the science which discovered this defect, nor that which devised the means of correcting it by cylindrical glasses.

We fail to find in Dr. Williams's essay any account of an innovation of his

own—already mentioned in this JOURNAL—his practice of uniting by sutures the wound of the cornea made in the process of extraction of cataract. Nor yet does the author allude to his demonstration some years since of the practicability of treating iritis without mercury—a discovery which Dr. Jacob Bigelow declared to entitle its author to be called a benefactor of mankind. These omissions might perhaps have been supplied in an appendix to the printed essay, when the incognito of the writer had already been removed.

It occurs to us to speak next of the light which has been thrown upon the physiology and pathology of the larynx by the *laryngoscope*. Since the invention of that instrument, a band of explorers, prominent among whom are Dr. Cutter, of Woburn, and Dr. H. K. Oliver, of Boston, have started forth and seem to be vieing with each other in enterprise. Each one is ready to set down in his chart any point of discovery established by another and make it a landmark for further advance. The action of the vocal cords in respiration and the production of the voice are now the subject of ocular observation. The causes of aphonia, formerly often not susceptible of diagnosis, and attempts at their removal, having been therefore a groping in the dark, are at last frequently brought to light. Very much has been learned with regard to laryngeal tumors, in relation to which we can do no better than to give a selection from a report read before the Pathological Society of Philadelphia, on the 22d of November of last year, by Dr. Harlan:—

"The introduction of the laryngoscope," he says, "has influenced the treatment as well as the diagnosis of this disease. Johnson, of King's College, in a lecture on the use of this instrument (*Lancet*, 1864), says: "Perhaps the greatest triumph of treatment by the aid of the laryngoscope has been the removal of tumors, polypi, and warty growths from the interior of the larynx. This feat has been accomplished now in numerous cases and with the most happy results." A number of these cases may be found reported in the *Lancet* and *Medical Times and Gazette*, principally by Mackenzie and Gibb, who have each invented an instrument for the purpose, the former a forceps and the latter a wire ecraseur. Dr. Henry B. Sands, of the New York Hospital, in a valuable paper in the *New York Medical Journal* for May, 1865, reports a case of cancer of the larynx successfully removed by laryngotomy, and gives a table of fifty cases of tumors of the larynx treated by operation, with a full history of the operation up to date, a comparison of the two methods of performing it, &c. Eleven of these fifty operations were performed by external excision, and the rest through the mouth. But three proved fatal—two of the former and one of the latter; and the aggregate of success in the results was such as to show that the operation is not only justifiable and encouraging, but in many cases imperative."

But, from such information as we have been able to get, no operation of the kind has been done which was such a triumph over difficulties, as that mentioned in a late number of this JOURNAL as having been performed by Dr. H. K. Oliver, of this city. That operation, it will be remembered, resulted in the removal through the mouth, by the aid of the laryngoscope, of a fibro-plastic tumor which was sessile, in fact buried in the vocal cord; and the most powerful caustics were brought into requisition in aid of the knife.

Next in order comes the special mode of treatment of inflammatory and congestive affections of the pharynx, larynx, and bronchi by means of *atomized fluids*. This subject is fully treated, and our knowledge of it brought squarely up to the present time, by Dr. J. M. Da Costa, of Philadelphia, in his artistically prepared little book, just published, and entitled "Inhalations in the Treatment of Dis-

eases of the Respiratory Passages, particularly as effected by the use of Atomized Fluids."

Inhalations, says Dr. DaCosta, are no novelty. They were used by Aretæus, and were also a favorite mode of treatment with Galen, since whom they have been employed from time to time to the present generation. The different modes of administering inhalations (whether by inspiration from a bottle, by insufflation, or by injection), and the various drugs employed in them are then reviewed, and brought down to the time of Sales Girons, who initiated the system of atomizing fluids, now become the subject of experiment, which Dr. DaCosta asserts "has an applicability much wider than merely to the treatment of the respiratory maladies, and which henceforth will be employed, though it be rejected for the purpose for which it was originally intended."

The first crude experiments of Sales Girons were made at a watering place, the fluid used being the mineral water in its natural state, or impregnated with medicinal substances. The liquid was forced to impinge against a metallic disk, and thus broken up into a mist, which the patients breathed, several at a time. This process, it would seem, reduced the subjects of it to what Mr. Mantalini might have called "damp, unpleasant bodies," save that life remained to them. The invention of some more convenient apparatus, became therefore necessary. His method of atomizing has been improved upon, till that invented by Dr. Bergson superseded all others, and which consists in employing the same kind of tubes used as odorators, that is, two glass tubes with capillary openings placed at right angles to each other. Through the horizontal tube the air may be blown by the mouth while the vertical tube is dipped in the fluid to be nebulized; or it may be forced through by means of a Davidson's syringe. Or, instead of air, steam—usually generated for the purpose in a small portable boiler—may be allowed to escape through the horizontal tube. In either case the air in the vertical tube is rarefied, the liquid rises to the capillary opening, and is there pulverized by the current of air or steam driving through the horizontal tube. "Bergson's tubes," says Dr. Da Costa, "are also employed in an atomizer invented by Dr. Oliver, of Boston; though here the spray is still further broken up and converted into a fine mist by impinging against the walls of the glass vessel in which the tubes are contained." Various other auxiliary apparatus are described in the book before us; among them the steam atomizers made here, and the "face shield" of Dr. William Read, of this city.

After discussing the question of "the penetrability of atomized fluids into the air-passages," showing some of the obstacles to this, and certain methods of overcoming them, Dr. Da Costa devotes a chapter to the "doses of medicine for inhalation." Among the drugs he states to be most employed are, alum, 10 to 20 grains (to the ounce of water); tannin, 1 to 20 grains; iron (perchloride of) 1-8 to 2 grains; nitrate of silver, 1 to 10 grains; chlorate of potassa, 10 to 20 grains; muriate of ammonia, 10 to 20 grains; opium (watery extract of), ¼ to ½ grain; iodine (liq. iodin. comp.), 2 to 15 minims; arsenic (liq. potass. arsenit.), 1 to 20 minims; distilled water—cold in pulmonary hæmorrhage, warm in asthma, croup, bronchitis.

The concluding chapter is on "Therapeutic Considerations." In this the author mentions the principal affections of the respiratory passages for which atomized fluids have been used. These are—of *laryngeal affections*, catarrhal

laryngitis, ulceration, œdema of the glottis, diphtheria, croup; of *pulmonary affections*, bronchitis, phthisis, and hæmorrhage from the lungs.

Among the results arrived at by Dr. Da Costa, in summing up, are—

"1. That inhalations by means of atomized fluids are an unquestionable addition to our therapeutic means; but that they are nothing but an addition, and not a substitute for all other treatment; that therefore their claims to be so considered are unfounded.

"2. That in most acute diseases of the larynx, and still more so in acute disorders of the lungs, their value, save in so far as those of water may tend to relieve the sense of distress, &c., and aid expectoration, is very doubtful; though in some acute affections, such as in œdema of the glottis and in croup, medicated inhalations have claims to consideration.

"3. That in certain chronic morbid states of the larynx, particularly those of a catarrhal kind, and in chronic bronchitis, they have proved themselves of value; but that they are useless, or next to useless, in ulcerated diseases of the larynx.

* * * * * * * * * * *

"6. That they furnish an unexpected augmentation of our resources in the treatment of pulmonary hæmorrhage.

* * * * * * * * * * *

"9. That we cannot overlook the part the watery vapor plays when using atomized solutions."

Tubes on the Bergson principle have also been successfully used in the production of local anæsthesia by freezing. The glass tubes are employed by Dr. Richardson, of London, to deliver a spray of ether, which freezes the skin in about one minute. Metallic tubes are used by Dr. H. J. Bigelow, of Boston, to convey *rhigolene*, by which freezing is effected in from five to fifteen seconds, and with very much less pain than when ether is the agent.—(Da Costa.) We learn that rhigolene is in rapidly increasing demand among the dentists.

We must not omit to mention, in passing, the use of the *Rhinoscope* for bringing into view the posterior nares; and the invention of the *nasal douche*, by which a stream of fluid is made to enter one nostril and emerge by the other.

Though Dr. Marion Sims's remarkable book on Uterine Surgery has been previously noticed in this JOURNAL, we cannot close this article without adding our word or two. This treatise is so full of original suggestions, that it would take an extended review to give but a general idea of them. We think it should be in the hands of every practitioner. Dr. Sims's method of exploring the vagina and uterus with his peculiar speculum, professes to bring the parts more clearly into view than any other mode hitherto adopted, and must be a decided improvement in the performance of certain operations. We have to thank him also for showing the value of chromic acid as an application to the uterus: also for discovering the depletive action of glycerine upon the mucous membrane. Since reading his book, we have used it with benefit in obstructive nasal catarrh, especially in infancy.

If the division of the uterine neck is to be done, and in some cases we suspect there is no substitute for it, we can but think Dr. Sims's manner of doing it with scissors safer and more effectual than cutting from within outwards by the metrotome. It is, however, a mooted question between him and certain English obstetricians on the one hand, and Dr. Henry Bennet and others on the other hand, whether it ought to supersede the corrective measures for constriction of the cervix uteri, &c.—such as dilating with sponge tents, for instance—which have found acceptance for some years. Of course, as between milder and severer measures,

the *onus probandi* rests upon the votaries of the latter. It has been suggested, also, that the tendency of Dr. Sims and others has been to regard uterine diseases too exclusively from a surgical point of view. We think, indeed, that we are in danger of leaving far out of sight Marshall Hall's "disorder of the general health" in females. This is often the main thing, having the uterine ailment inwrapt in, and part and parcel of it; the general and not the local affection taking precedence in the chain of causation.

The three closing sections of Dr. Sims's book have, we think, been justly a source of wonder and astonishment to reviewers. How any medical man could quite reconcile it with his professional and personal dignity to make some experiments there detailed, is the difficulty. Yet, for all that, the lessons which science has gained from those experiments are of great value.

Dr. C. L. Hogeboom, of New York, suggests the use of a "compressing membrane" to the stethoscope. He stretches a piece of bladder across the pectoral extremity of the instrument, so that sounds are communicated not only through the rim, but also from the parts lying beneath its concavity. This expedient, he says, also diminishes the *roaring* heard in the stethoscope, especially in Cammann's. The tension of the membrane, he adds, may be restored, if lost in drying, by moistening it with a solution of tannin—ten grains to the ounce of water.

Herpes Circinatus from Favus in the Cat.—Dr. Tilbury Fox exhibited to the Pathological Society of London, Nov. 13, 1866, several specimens of parasitic fungi sent to him by Dr. Purser, of Dublin—one from a favus patch on the paw of the cat, the others from herpes circinatus (tinea circinata) of the arm produced by inoculation with the fungus (achorion) from the favus of the cat. It appears two cats were affected by favus, the one already mentioned, and a second about its nose; attempts were made by one of the ladies in the house to rub off the crusts from the diseased places in these cats, and very shortly afterwards tinea circinata showed itself about her hands, arms, and shoulders; three other inmates (females) were similarly attacked. The disease was most carefully diagnosticated, and not a feature of favus showed itself. Dr. Purser then inoculated his own arm, and produced what was pronounced to be tinea circinata (herpes circinatus); he sent some of the scales to Dr. Fox, which were exhibited. There was an absence of spores, but mycelial threads were very abundant. They were smaller, less branched, and more devoid of granules than the achorion-tubes, characters which belonged to trichophyton. The cases were interesting as showing that favus may give rise to other forms of parasitic disease, a view which Dr. Fox holds against many authorities, and he remarked that De Bury's recent experiments show conclusively the difficulty of getting an interchange of characters between varieties of the same fungus.—*Medical Times and Gazette*, November 17, 1866.

The above statements are to a considerable degree confirmatory of the researches of Prof. Salisbury, related in the present number of this Journal, pages 379–383. It is but justice to Dr. Salisbury to say that his paper was sent to us early in November of last year, and was intended for the January No. of this Journal, but in consequence of the impossibility of having the wood-cuts done in proper season, it was laid over till the present No.—*American Journal of Medical Sciences*, April, 1867.

A Case of Embolia of the Pulmonary Artery in a Puerperal Woman. By Dr. F. Ritter.—In this case the patient was pluriparous, æt. 26. The first day of childbed went off quite regularly. Then lochia became offensive, and slight pain was

felt on pressure. Temperature, 38.0° C. These symptoms disappeared eight days afterwards. She suddenly fell back in deep syncope. Consciousness did not altogether leave her. When seen, the face was pale: she seemed to be dying. Respiration not much accelerated; pulse very small and frequent. She complained of oppression in the chest. Next day these symptoms persisted; the temperature was 36·8° C.; respirations were catching in character, 36; cyanotic lips and tongue. Subsequently pulse and respirations increased in frequency; temperature fell. She died the third day. *Autopsy.*—In the right horn of the uterus was an abscess; inside the uterus, no disease. In ovarian veins, small yellow fibrin-clots, apparently formed before death. In the right chief branch of the pulmonary artery was a pale-red delicate thrombus, plugging the vessel.—*Ranking's Abstract.*

Poisoning by Silk Thread. By M. Chevallier, jun.—The silk thread employed by seamstresses is liable to acquire poisonous properties in consequence of a fraudulent practice described as follows:—

"The value of the best quality varies from sixty to seventy francs a pound, and the material is sold wholesale by weight. For many years it has been the custom to increase the weight by steeping the silk in sugar and water, or in an infusion of gall-nuts; but this fraud not being found to yield sufficiently large profits, a patent was taken out for another plan, which consists in soaking the silk, whatever its color, in a bath of acetate of lead, and after drying the skeins, exposing them to a current of hydrosulphuric acid. The result is the deposition of a quantity of sulphuret of lead, which greatly adds to the weight of the thread, and, therefore, to its mercantile value. We are acquainted with a person at the head of an extensive dressmaker's establishment who, from the use of silk thread thus prepared, was attacked as well as her workwomen with painters' colic; some of the women even lost their teeth, in consequence of their habit of biting off the ends of the thread, an operation during which they absorb a portion of the lead attached to it."—*Ibid.*

VITAL STATISTICS OF BOSTON.

For the Week ending Saturday, April 13th, 1867.

DEATHS.

	Males.	*Females.*	*Total.*
Deaths during the week - - - - - - - - -	44	29	73
Ave. mortality of corresponding weeks for ten years, 1856—1866	39.9	33.6	73.5
Average corrected to increased population - - - - -	00	00	80.04
Deaths of persons above 90 - - - - - - - - -	0	0	0

Books Received.—Obstetrics; The Science and the Art. By Charles D. Meigs, M.D., &c. Fifth Edition, Revised. Philadelphia: Henry C. Lea. 1867.—An Inquiry into the Origin of Modern Anæsthesia. By the Hon. Truman Smith, Member of the U. S. House of Representatives for the 26th, 27th, 29th and 30th Congresses, and of the U. S. Senate for the 31st, 32d and 33d Congresses. Hartford: Brown and Gross. 1867.

Married,—In Philadelphia, 5th inst., E. R. Hutchins, M.D., to Mrs. Cecilia Smith, both of Philadelphia.

Died,—In Providence, R. I., April 1st, of chronic Bright's disease, Washington Hoppin, M.D., in the 41st year of his age.

Deaths in Boston for the week ending Saturday noon, April 13th, 73. Males, 44—Females, 29. Accident, 2—inflammation of the bowels, 1—disease of the brain, 5—inflammation of the brain, 2—bronchitis, 2—chlorosis, 1—consumption, 14—croup, 1—diarrhœa, 1—dropsy of the brain, 4—drowned, 1—dysentery, 1—erysipelas, 1—scarlet fever, 4—gastritis, 1—hæmorrhage, 1—disease of the heart, 2—congestion of the lungs, 1—disease of the lungs, 1—inflammation of the lungs, 5—measles, 1—cerebro-spinal meningitis, 1—old age, 1 1—paralysis, 1—peritonitis, 1—premature birth, 1—smallpox, 8—stricture, 1—syphilis, 1—unknown, 4—whooping cough, 1.

Under 5 years of age, 27—between 5 and 20 years, 8—between 20 and 40 years, 14—between 40 and 60 years, 15—above 60 years, 9. Born in the United States, 51—Ireland, 13—other places, 9.